POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	May		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LH	60105	6-7-00
RESPONSE FORMALITY REVIEW	LH	60105	8-8-00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
1	✔			51			101	
2	✔			52			102	
3	✔			53			103	
4	✔			54			104	
5	✔			55			105	
6	✔			56			106	
7	✔			57			107	
8	✔			58			108	
9	✔			59			109	
10	✔			60			110	
11	✔			61			111	
12				62			112	
13	N			63			113	
14				64			114	
15				65			115	
16				66			116	
17				67			117	
18				68			118	
19				69			119	
20				70			120	
21				71			121	
22				72			122	
23				73			123	
24				74			124	
25				75			125	
26				76			126	
27				77			127	
28				78			128	
29				79			129	
30				80			130	
31				81			131	
32				82			132	
33				83			133	
34				84			134	
35				85			135	
36				86			136	
37				87			137	
38				88			138	
39				89			139	
40				90			140	
41				91			141	
42				92			142	
43				93			143	
44				94			144	
45				95			145	
46				96			146	
47				97			147	
48				98			148	
49				99			149	
50				100			150	

If more than 150 claims or 10 actions
staple additional sheet here

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